

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6		1				
7		2				
8		1				
9		1				
10		1				
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TOTAL IND.	5					
TOTAL DEP.	11	→	→	→		
TOTAL CLAIMS	16					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.		→						
TOTAL DEP.		→		→		→		
TOTAL CLAIMS								